

Application Data Sheet
APPLICATION INFORMATION

Application Number::

Filing Date:: 10/28/03

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?::

Computer Readable From (CRF)?:: No

Number of Copies of CRF::

Title:: NON-ADENOVIRAL GENE PRODUCT-BASED
COMPLEMENTING CELLS FOR ADENOVIRAL
VECTORS

Attorney Docket Number:: 224613

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: Yes

Latin Name::

Variety denomination name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Douglas
Middle Name:: E
Family Name:: Brough
Name Suffix::
City of Residence:: Gaithersburg
State or Prov. of Residence:: MD
Country of Residence:: US
Street of mailing address:: 9121 Tulip Grove Road

City of mailing address:: Gaithersburg
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20879
Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jason
Middle Name:: G D
Family Name:: Gall
Name Suffix::
City of Residence:: Germantown
State or Prov. of Residence:: MD
Country of Residence:: US
Street of mailing address:: 31 Bronco Court

City of mailing address:: Germantown
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20874
Inventor Authority Type:: Inventor

Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Imre
Middle Name::
Family Name:: Kovesdi
Name Suffix::
City of Residence:: Rockville
State or Prov. of Residence:: MD
Country of Residence:: US
Street of mailing address:: 7713 Warbler Lane

City of mailing address:: Rockville
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20855

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23460
Phone:: (312) 616-5600
Fax:: (312) 616-5700
E-mail Address:: mail@leydig.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 23460

Representative Designation:: Registration Number:: Representative Name::
Primary
Associate

DOMESTIC PRIORITY INFORMATION

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

This application

Continuation of

09/911,011

07-23-01

FOREIGN APPLICATION INFORMATION

Country::

Application Number::

Filing Date::

Priority Claimed

ASSIGNEE INFORMATION

Assignee name:: GenVec, Inc.

Street of mailing address:: 65 West Watkins Mill Road

City of mailing address:: Gaithersburg

State or Province of
mailing address:: MD

Country of mailing
address:: US

Postal or Zip Code of
mailing address:: 20878